



# Welcome

**Anne Arundel County  
Government**

# Agenda

1. Key Terms
2. Medical Plan Options
3. Behavioral Health
4. Making the Most of Your Plan

# Helpful Guide to Key Terms

- **Balance Billing:** Out-of-network providers can charge more for their services. If you see an out-of-network provider, you may be responsible for paying the difference between their price and the maximum amount your CareFirst health plan will pay.
- **Coinsurance:** The percentage of the cost of care that a member is required to pay through their health plan for medical care and expenses.
- **Copay:** The dollar amount a member is required to pay through their health plan for medical care and expenses.
- **Cost Sharing:** Your portion of the cost when you receive care. Cost sharing is different from your premium—it's made up of three things: deductible, coinsurance and copay.
- **Deductible:** The amount of money a member must pay for healthcare services each year before the insurance company begins to pay its portion.



# Helpful Guide to Key Terms

- **In-Network:** Doctors, hospitals, labs, imaging and other providers or facilities that participate in the health plan's provider network. Using participating in-network providers typically means lower member out-of-pocket expenses. In-network providers will not balance bill members past the allowed amount.
- **Out-of-Network:** Doctors, hospitals, labs, imaging and other providers or facilities that DO NOT participate in the health plan's provider network. Out-of-network providers can balance bill members up to the provider's charge.
  - Some plans, like an HMO plan, do NOT cover care received from providers or facilities that are not in the network. Members enrolled in Preferred Provider Organizations (PPO) and Point-of-Service (POS) coverages can go out of network but will pay higher out-of-pocket costs.
- **Out-of-Pocket Maximum:** The most a member will pay out-of-pocket in coinsurance, copays and/or deductibles in a plan year for covered healthcare services. Once the out-of-pocket maximum is met, the plan pays 100% of the allowed amount for covered services for the rest of the benefit period.
- **Premium:** The amount a member pays each month for health insurance coverage. Premiums do not count toward deductibles or out-of-pocket maximums.

# Medical Plan Options

# BlueChoice Advantage EPO

- Members can live or work inside or outside of the CareFirst service area (Maryland, Washington D.C. and Northern Virginia) as this product provides national coverage.

| In-network benefits             |                                                   |
|---------------------------------|---------------------------------------------------|
| Network Search: "Find a Doctor" | BlueChoice Advantage                              |
| Out-of-Network Providers        | Not available                                     |
| PCP Selection                   | Recommended, but not required                     |
| Referrals                       | Not required                                      |
| Labs                            | LabCorp when in MD, DC and Northern VA            |
| X-ray                           | Advanced Radiology when in MD, DC and Northern VA |

# BlueChoice Advantage EPO Benefit Chart

|                                                          | In-network                      |
|----------------------------------------------------------|---------------------------------|
| Annual medical deductible (individual/family)            | \$100/\$200                     |
| Annual medical out-of-pocket maximum (individual/family) | \$1,100/\$3,600                 |
| Preventive care                                          | No charge                       |
| Primary Care Provider (PCP) office visit                 | \$15 copay                      |
| Specialist office visit                                  | \$15 copay                      |
| Labs (LabCorp)                                           | No charge                       |
| X-ray                                                    | No charge                       |
| Specialty imaging                                        | No charge                       |
| Convenience care (retail health clinic)                  | \$15 copay                      |
| Urgent care                                              | \$35 copay                      |
| Emergency room                                           | \$75 copay (waived if admitted) |
| Inpatient hospital services—facility                     | Deductible, then no charge      |

# BlueChoice Advantage EPO Benefit Chart

|                                                                                             | In-network                 |
|---------------------------------------------------------------------------------------------|----------------------------|
| Physical, Speech, Occupational Therapy – office<br>(150 visits per benefit period combined) | \$15 copay                 |
| Chiropractic                                                                                | \$15 copay                 |
| Durable Medical Equipment (DME)                                                             | Deductible, then no charge |
| Allergy Testing                                                                             | \$15 copay                 |
| Allergy Injections                                                                          | \$15 copay                 |



# BlueChoice Advantage PPO

- Members can live or work inside or outside of the CareFirst service area (Maryland, Washington D.C. and Northern Virginia) as this product provides national coverage.

|                                 | <b>In-network benefits<sup>1</sup></b><br>Lowest out-of-pocket costs | <b>Out-of-network benefits</b><br>Highest out-of-pocket costs                                                                                                                        |
|---------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Network Search: "Find a Doctor" | BlueChoice Advantage                                                 | <ul style="list-style-type: none"><li>Your plan offers coverage for out-of-network providers<sup>2</sup></li><li>Balance billing may apply for non-participating providers</li></ul> |
| PCP Selection                   | Recommended, but not required                                        |                                                                                                                                                                                      |
| Referrals                       | Not required                                                         |                                                                                                                                                                                      |
| Labs                            | LabCorp (no balance billing)                                         | Any participating lab (may be balance billed)                                                                                                                                        |

<sup>1</sup> Maximize your in-network benefits by searching for providers or facilities that are the lowest cost to you. Use the Out-of-Pocket Costs filter and select In Network: Lowest Out-Of-Pocket.

<sup>2</sup> Your plan offers coverage for out-of-network providers, but you will pay more out of pocket than you would if you selected an in-network provider or facility.

# BlueChoice Advantage PPO Benefit Chart

|                                                          | In-network         | Out-of-network                           |
|----------------------------------------------------------|--------------------|------------------------------------------|
| Annual medical deductible (individual/family)            | \$125/\$250        | \$500/\$1,000                            |
| Annual medical out-of-pocket maximum (individual/family) | \$500/\$1,000      | \$1,500/\$3,000                          |
| Preventive care                                          | No charge          | Deductible, 30% AB*                      |
| Primary Care Provider (PCP) office visit                 | \$15 copay         | Deductible, 30% AB*                      |
| Specialist office visit                                  | \$35 copay         | Deductible, 30% AB*                      |
| Labs – Lab Corp<br>All others                            | No charge          | Deductible, 5% AB*<br>Deductible, 5% AB* |
| X-ray – Advanced Radiology<br>All others                 | No charge          | Deductible, 5% AB*                       |
| Specialty imaging                                        | Deductible, 5% AB* | Deductible, 5% AB*                       |
| *AB = Allowed Benefit                                    |                    |                                          |

# BlueChoice Advantage PPO Benefit Chart

|                                                                                                                | In-network                                  | Out-of-network                  |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------|
| Convenience care (retail health clinic)                                                                        | \$15 copay                                  | Deductible, 30% AB*             |
| Urgent care                                                                                                    | \$35 copay                                  | \$35 copay                      |
| Emergency room                                                                                                 | \$75 copay (waived if admitted)             | \$75 copay (waived if admitted) |
| Inpatient hospital services—facility                                                                           | Deductible, 5% AB*                          | Deductible, 30% AB*             |
| Physical, Speech, Occupational Therapy – office (300 visits per benefit period combined In and Out of Network) | \$35 copay                                  | Deductible, 30% AB*             |
| Chiropractic                                                                                                   | \$35 copay                                  | Deductible, 30% AB*             |
| Durable Medical Equipment (DME)                                                                                | Deductible, 5% AB*                          | Deductible, 5% AB*              |
| Allergy Testing                                                                                                | Deductible, 5% AB*                          | Deductible, 30% AB*             |
| Allergy Injections                                                                                             | \$15 copay - PCP<br>\$35 copay – Specialist | Deductible, 30% AB*             |
| *AB = Allowed Benefit                                                                                          |                                             |                                 |

# Benefit Chart Comparison: In-Network

|                            | BlueChoice Advantage EPO | BlueChoice Advantage PPO |
|----------------------------|--------------------------|--------------------------|
| Deductible                 | \$100/\$200              | \$125/\$250              |
| Out-of-Pocket              | \$1,100/\$3,600          | \$500/\$1,000            |
| Preventive Care            | No charge                | No charge                |
| Primary Care               | \$15 copay               | \$15 copay               |
| Specialist Office Visit    | \$15 copay               | \$35 copay               |
| Labs – Lab Corp            | No charge                | No charge                |
| All others                 | No charge                | Deductible, 5% AB*       |
| X-ray – Advanced Radiology | No charge                | No charge                |
| All others                 | No charge                | No charge                |
| Specialty Imaging          | No charge                | Deductible, 5% AB*       |
| *AB = Allowed Benefit      |                          |                          |

# Benefit Chart Comparison: In-Network

|                                                 | BlueChoice Advantage EPO                               | BlueChoice Advantage PPO                                                     |
|-------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------|
| Convenience care (retail health clinic)         | \$15 copay                                             | \$15 copay                                                                   |
| Urgent Care                                     | \$35 copay                                             | \$35 copay                                                                   |
| Emergency Room (copay waived if admitted)       | \$75 copay                                             | \$75 copay                                                                   |
| Physical, Speech, Occupational Therapy - office | \$15 copay<br>(150 visits per benefit period combined) | \$35 copay<br>(300 visits per benefit period combined In and Out of Network) |
| Chiropractic                                    | \$15 copay                                             | \$35 copay                                                                   |
| Durable Medical Equipment (DME)                 | Deductible, then no charge                             | Deductible, 5% AB*                                                           |
| Allergy Testing                                 | \$15 copay                                             | Deductible, 5% AB*                                                           |
| Allergy Injections                              | \$15 copay                                             | \$15 copay - PCP<br>\$35 copay - Specialist                                  |
| *AB = Allowed Benefit                           |                                                        |                                                                              |

# Benefit Chart Comparison: Out-of-Network

|                               | BlueChoice Advantage EPO | BlueChoice Advantage PPO                 |
|-------------------------------|--------------------------|------------------------------------------|
| Deductible                    | N/A                      | \$500/\$1,000                            |
| Out-of-Pocket                 | N/A                      | \$1,500/\$3,000                          |
| Preventive Care               | Not covered              | Deductible, 30% AB*                      |
| Primary Care                  | Not covered              | Deductible, 30% AB*                      |
| Specialist Office Visit       | Not covered              | Deductible, 30% AB*                      |
| Labs – Lab Corp<br>All others | Not covered              | Deductible, 5% AB*<br>Deductible, 5% AB* |
| X-ray<br>All others           | Not covered              | Deductible, 5% AB*                       |
| Specialty Imaging             | Not covered              | Deductible, 5% AB*                       |
| *AB = Allowed Benefit         |                          |                                          |

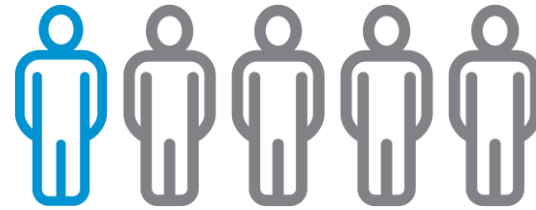
# Benefit Chart Comparison: Out-of-Network

|                                                 | BlueChoice Advantage EPO | BlueChoice Advantage PPO                                                                    |
|-------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------|
| Convenience care (retail health clinic)         | Not covered              | Deductible, 30% AB                                                                          |
| Urgent Care                                     | Not covered              | \$35 copay                                                                                  |
| Emergency Room (copay waived if admitted)       | \$75 copay               | \$75 copay                                                                                  |
| Physical, Speech, Occupational Therapy - office | Not covered              | Deductible, 30% AB*<br>(300 visits per benefit period<br>combined In and Out of<br>Network) |
| Chiropractic                                    | Not covered              | Deductible, 30% AB*                                                                         |
| Durable Medical Equipment (DME)                 | Not covered              | Deductible, 5% AB*                                                                          |
| Allergy Testing                                 | Not covered              | Deductible, 30% AB*                                                                         |
| Allergy Injections                              | Not covered              | Deductible, 30% AB*                                                                         |
| *AB = Allowed Benefit                           |                          |                                                                                             |

# Behavioral Health



# Importance of Behavioral Health



**1 in 5 American adults** experiences some form of mental illness in any given year.<sup>1</sup>



As a CareFirst member, you have **access to providers and resources** if you or a loved one are living with a behavioral health or substance use disorder.

<sup>1</sup> NAMI (National Alliance on Mental Illness). Mental Health by the Numbers. <https://www.nami.org/mhstats>.

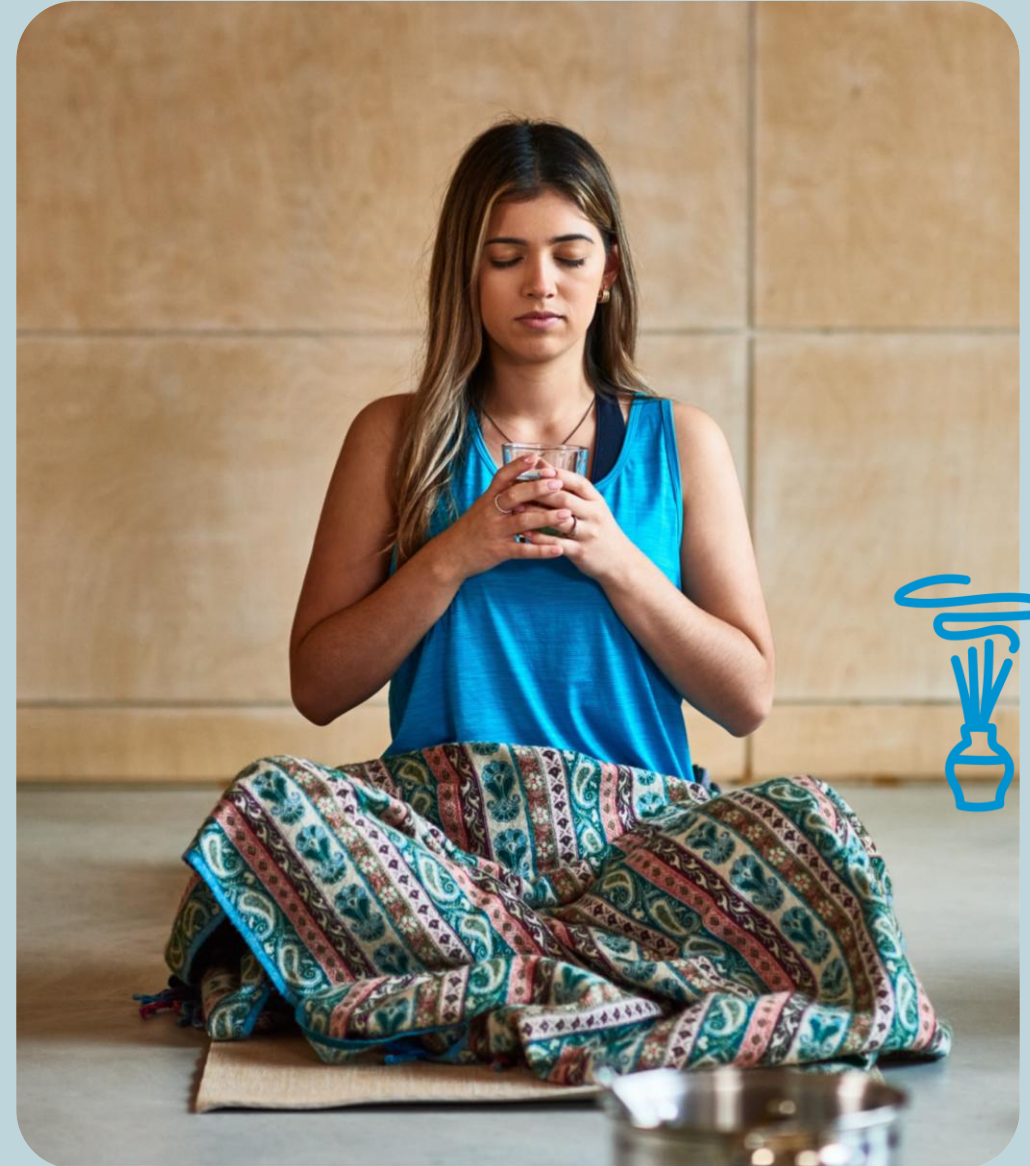
# Behavioral Health Support

- CareFirst offers specialized services and programs when you need assistance related to depression, drug or alcohol dependence, stress, eating disorders or other behavioral health issues.
- If you choose to participate in these services, all interactions between you and your provider(s) are confidential.



**800-245-7013**

**[carefirst.com/mentalhealth](https://carefirst.com/mentalhealth)**



# Making the Most of Your Plan

# What's Included With Your CareFirst Plan?

## Member services

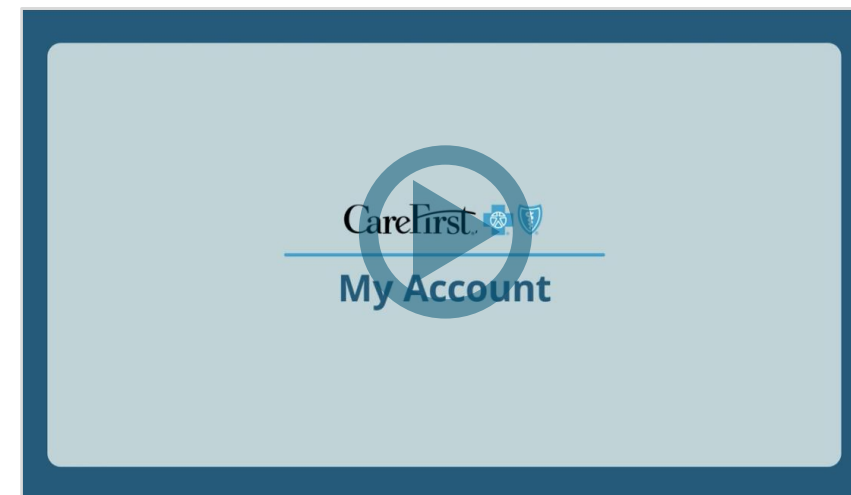
- My Account—personalized member portal
- Know Before You Go
- Virtual Care
- Member tools—Find a Doctor online directory, mobile apps
- Blue365—health and wellness deals and discounts
- CareFirst WellBeing

# My Account

## Your personalized member portal

- Search for doctors, hospitals, urgent care centers, other providers nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs

**Download the CareFirst app or add  
[carefirst.com/myaccount](https://carefirst.com/myaccount) to your mobile favorites!**



# My Account



## Member Login

New to CareFirst? [Register Now](#)

Username

Enter username

☐ Remember my username

Password

Enter password



[Forgot Username?](#)  
[Forgot Password?](#)

Log In

# Know Before You Go

## Know where to go before you need care to save more on healthcare costs

| Your Care Options                                                                                                                                                                                          | Cost     | Needs or Symptoms                                                                                                                                                                                                                                                 | Available 24/7 | Rx | Virtual Care                            | In-Person Care |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|-----------------------------------------|----------------|
| <b>CloseKnit Virtual Care</b><br>CloseKnit offers 24/7/365 virtual-first primary care, urgent care, mental health and other specialty services<br><small>*in-person care available when applicable</small> | \$       | <ul style="list-style-type: none"> <li>Preventive visits</li> <li>Urgent care</li> <li>Mental health therapy</li> <li>Psychiatry for ages 2+</li> <li>Lactation consultation</li> <li>Nutrition and diet support</li> <li>Billing and benefits support</li> </ul> | ✓              | ✓  | ✓                                       | ✓              |
| <b>24-Hour Nurse Advice Line</b><br>Call <b>800-535-9700</b> for general questions about health issues or where to go for care                                                                             | \$0      | <ul style="list-style-type: none"> <li>Cough, cold and flu</li> <li>Rashes</li> <li>Medication questions</li> </ul>                                                                                                                                               | ✓              | X  | ✓                                       | X              |
| <b>PCP Visit</b><br>Discuss diagnosis treatment of illness, chronic conditions, routine check-ups                                                                                                          | \$       | <ul style="list-style-type: none"> <li>Routine physical</li> <li>Diabetic care</li> <li>Cough, cold, flu, allergies</li> <li>Bronchitis</li> </ul>                                                                                                                | X              | ✓  | Verify availability with your provider. | ✓              |
| <b>Convenience Care</b><br>(e.g., Retail clinics such as CVS MinuteClinic)<br>Health screenings, vaccinations, minor illness or injury                                                                     | \$\$     | <ul style="list-style-type: none"> <li>Cough and cold</li> <li>Pink eye</li> <li>Ear pain</li> <li>Flu shot</li> </ul>                                                                                                                                            | X              | ✓  | X                                       | ✓              |
| <b>Urgent Care</b><br>(e.g., ExpressCare or Patient First)<br>Non-life-threatening illness or injury requiring immediate care                                                                              | \$\$     | <ul style="list-style-type: none"> <li>Sprains</li> <li>Cut requiring stitches</li> <li>Minor burns</li> <li>Sore throat</li> </ul>                                                                                                                               | X              | ✓  | X                                       | ✓              |
| <b>Emergency Room</b><br>Life-threatening illness or injury                                                                                                                                                | \$\$\$\$ | <ul style="list-style-type: none"> <li>Chest pain</li> <li>Difficulty breathing</li> <li>Uncontrolled bleeding</li> <li>Major burns</li> </ul>                                                                                                                    | ✓              | ✓  | X                                       | ✓              |

# Virtual Care



**CloseKnit, CareFirst's leading virtual-care practice, gives you 24/7 access to primary care, urgent care, therapy and more through your computer or the CloseKnit mobile app**



## **Advanced primary care**

Dedicated Care Team to provide preventive care and support for chronic conditions. For adults ages 18+.



## **Urgent care**

Same-day care to treat minor injuries and common illnesses fast. Average wait time is 30 minutes or less. For adults and children ages 2+.



## **Mental health services**

Expert help from licensed therapists and psychiatrists, including short- and long-term therapy, as well as medication management and support. For adults and children ages 2+.



## **New parent support**

Lactation services and support for parents, including prenatal risk assessments, post-natal feeding education and weaning programs.



## **Nutrition services**

Counseling and nutrition plans to support health needs, lifestyle goals, chronic illnesses and weight loss. For adults and children ages 5+.



**Scan the QR code or visit [closeknithealth.com](https://closeknithealth.com) to get started.**



# Provider Search Tool

Search for doctors, hospitals, urgent care centers, other providers—nationwide

- Search by name or specialty
- Browse by category—such as primary care and behavioral health
- Review provider highlights, including specialties, locations, credentials, CareFirst health plans accepted
- Quickly access CloseKnit—our virtual practice for primary care, urgent care and behavioral health



[carefirst.com/doctor](https://carefirst.com/doctor)

# CareFirst Mobile App



## CareFirst Mobile App

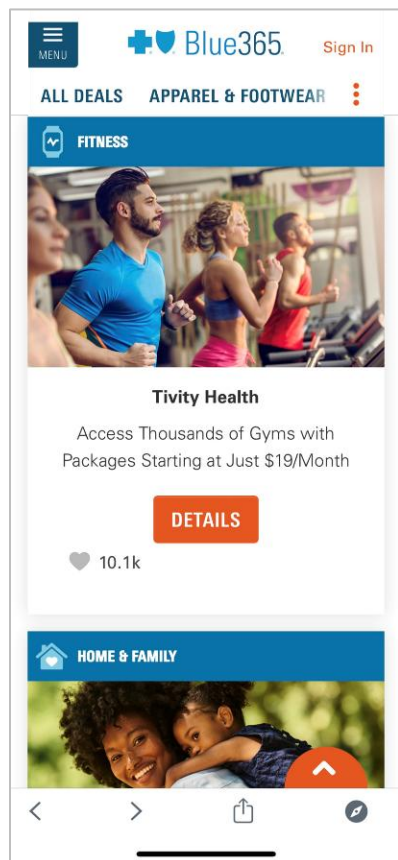
Access your CareFirst account on-the-go.

Visit your app store to download the CareFirst



# Blue365 Discount Program

Exclusive health and wellness discounts from top national and local retailers:



- Apparel and footwear
- Fitness (equipment, memberships)
- Hearing and vision (hearing aids, Lasik, eye wear)
- Home and family (baby, pets, home office, finance)
- Nutrition
- Personal care (oral care, grooming, skin care)
- Travel (vacation, hotel, rental cars)

Access Blue365 through the CareFirst WellBeing app or by visiting [carefirst.com/wellnessdiscounts](https://carefirst.com/wellnessdiscounts).

# Introducing CareFirst WellBeing\*

Begin exploring your personalized digital connection to a healthier life by visiting [carefirst.com/wellbeing](https://carefirst.com/wellbeing).



\* This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.



# Connections to WellBeing

Motivating digital resources anytime, anywhere



## RealAge®

Learn the physical age of your body, compared to your calendar age with the online health assessment.



## Challenges

Get extra motivation for achieving your health goals.



## Personalized health timeline

Receive recommendations and health information tailored to your goals and interests.



## Health profile

Access your important health data all in one place.



## Trackers

Connect your wearable devices or enter your own data to monitor sleep, steps, nutrition and more.



## Meditation, relaxation and more

Break free from stress with mindfulness tools, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.

# Connections to WellBeing

Explore special support and resources including



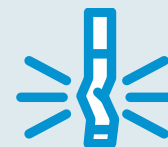
## Health coaching

Personal phone coaching provided by registered nurses and trained professionals focusing on stress management, chronic conditions and more.



## Eating and living mindfully

Web- and app-based programs help you achieve better eating habits or reach a healthier weight and reduce your risk of developing diabetes through mindfulness practices and gradual lifestyle changes.



## Tobacco cessation

21-day program provides digital coaching, peer-to-peer support and access to daily mindfulness activities and online tools.



## Financial well-being

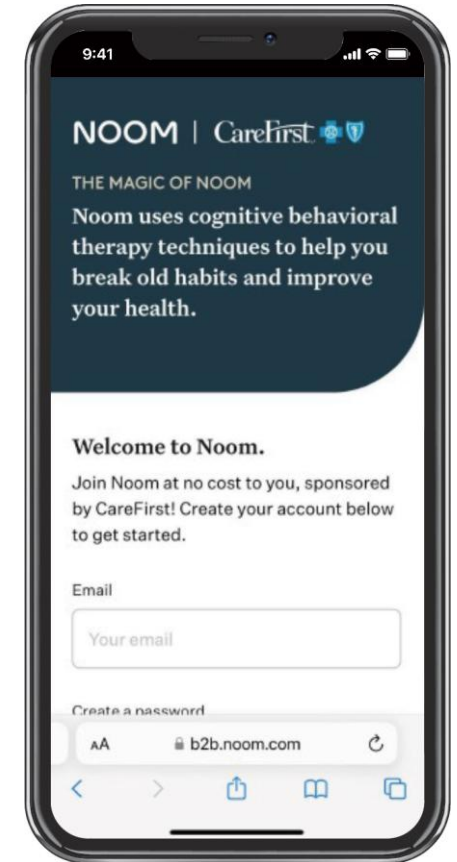
Digital program includes videos, expert tips, easy-to-use tools and a step-by-step plan to help you reach your financial goals.

# Noom

## A digital, evidence-based weight and diabetes prevention program that helps you achieve sustainable, healthy habits over time

- Psychology-based approach to help you better understand your relationship with food
- Techniques that teach you the “why” behind your habits and how to change them
- Interactive, digestible content, just 5–10 minutes daily
- Option of a personal coach to support you as you move at your own pace
- Added features like Noom Move—an extensive collection of workouts, and AI food logging

**Get started with Noom today by creating or logging in to your CareFirst WellBeing account.**



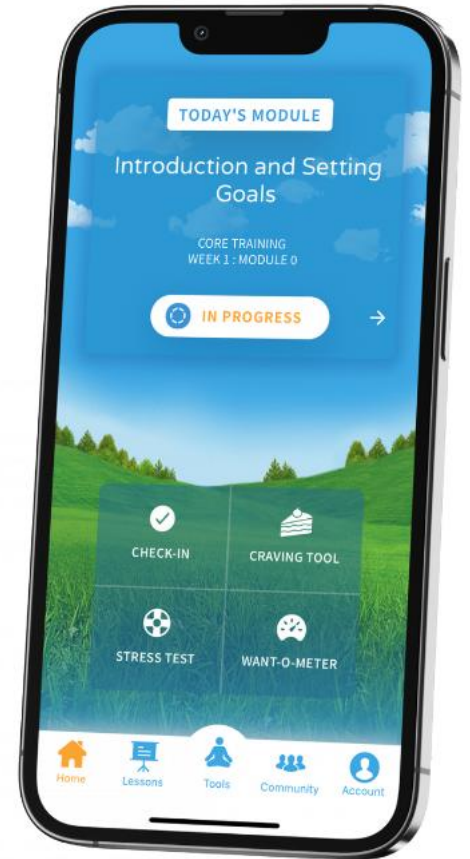
Noom is brought to you on behalf of your CareFirst WellBeing program. Noom is an independent company that provides health improvement management services to CareFirst members. Noom does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

# Eat Right Now

**A web- and app-based program that combines neuroscience and mindfulness to help you and your relationship with eating**

- Provides 28+ modules and guided mindfulness exercises
- Can help you lose 5–7% of your body weight and reduce your risk of developing type 2 diabetes, or simply be more sensible about what you eat
- Has physical activity and calorie-related content, meal planning and progress tracking
- Offers weekly group sessions moderated by clinical professionals
- New Mindful Eating—for those whose goal is not weight loss, but better eating habits

**Get started with Eat Right Now today by creating or logging in to your CareFirst WellBeing account.**





# Thank You

For more information, contact:  
Customer Service – 833-536-2166  
or visit [www.carefirst.com/aacg](http://www.carefirst.com/aacg)

*With Care*

